


Entered - 10/01/01 - sb
CL01L0596 - DIANNE C. MITCHELL

CLAIM OF: **JULIA JOHNSON**
1024-A Hemphill Avenue
Atlanta, Georgia 30318

01- *R*-1760

For damages alleged to have been sustained as a result of vehicular damage due to road construction on December 20, 2000 at 14th and State Streets.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0596

Date: October 9, 2001

Claimant /Victim JULIA JOHNSON

BY: (Atty)(Ins. Co.) _____

Address: 1024-A Hemphill Avenue, Atlanta, Georgia 30318

Subrogation: _____ Claim for Property damage \$ 82.39 Bodily Injury \$ _____

Date of Notice: 09/19/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 12/20/01 Place: 14th and State Streets

Department Public Works Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged when she drove over debris in the roadway from street construction. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-09-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

SEP 19 2001

RE: CLAIM FOR DAMAGES

Today's Date: 8-23-01

Mitchell
09/26/01

Dear Municipal Clerk:

MUNICIPAL CLERK

ENTERED - 10-1-01 - SB
0110596 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 82.39 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12/20/01 2. Time of Incident: 9 am 3. Police called: Yes ☒ No

4. Location of incident (including street address): east of 14th + State St.

5. Name of your insurance company: CNA Policy No. _____

6. State what and how incident occurred: driving down street + debris from construction work on 14th St. slashed my back left tire

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Ford 89 GA 246 Julia Johnson
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Julia Johnson
Signature of Claimant

Julia Johnson
(Print Claimant's Name)
1024 A Hemphill Ave
Atlanta, GA 30318
(Address)

Atlanta GA 30318
(City, State and Zip Code)

404.849.5676 404.849.5676
(Work Number) (Home Number)

01-R-1760